

MODEL

**CHAPTER 49 PUBLIC ASSISTANCE
FRAUD PLAN 2004**

for

_____ **County**

(Name of Agency)

September 2003

PUBLIC ASSISTANCE FRAUD PLAN

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INTRODUCTION

The Public Assistance Fraud Program is designed to provide program integrity for the Public Assistance Programs, including Food Stamps (FS), Medical Assistance (MA) and Wisconsin Works (W-2). These programs are supervised through contractual agreements between the Department of Health and Family Services (DHFS) and by agreement with the Department of Workforce Development (DWD), and local administrative agencies.

Each agency administering public assistance programs is responsible for providing program integrity for the programs administered by that agency. The DWD W-2 contracts contain the policies and procedures to provide program integrity for W-2 programs. The DHFS State/County Contracts Appendix AL for the administration of Income Maintenance (IM) Programs contains the requirement to provide integrity for the Food Stamps and Medical Assistance programs administered by IM agencies.

For cost effectiveness and efficiency, fraud investigation services are to be completed by a single provider for both W-2 and IM agencies in designated geographic areas. For calendar year 2004, 51 county/human social service agencies and four tribal agencies opted for the Right of First Selection to provide fraud investigation services. The state has selected a service provider for the geographic areas and tribal boundaries where the Rights of First Selection were not exercised. The service providers are identified in Attachment E.

For IM agencies administering FS and MA programs through the 2004 State/County Contract, the Public Assistance Fraud Program consists of two specific areas of administrative requirements.

A. Program Integrity (PI): contains two components:

1. Fraud Prevention, previously known as Front End Verification as referenced in the IM Manual, Chapter 1, Part E.
2. Fraud Administrative Functions, which includes all other fraud administrative activities except Fraud Investigation services.

As part of the Public Assistance Fraud Program requirement, all IM agencies must plan to conduct Fraud Prevention and Fraud Administrative functions to comply with Section XXIV of the State/County Contract, Appendix AL. This includes all pre and post-investigation activities as described in the IM Manual, Chapter II, Part D. Activities include actions such as selecting cases for referral for fraud investigation, forwarding cases to the service provider, submitting cases to the Division of Hearings and Appeals for Administrative Disqualification Hearings, referring cases to the District Attorney's office for prosecution, performing fraud collections activities, etc.

B. Fraud Investigation Services (INV):

Fraud Investigation Services are completed in accordance with the pay-for-performance agreement associated with the Right of First Selection. Only those county agencies that exercised the Right of First Selection will have this area of responsibility and need to comply with Section XXV of the State/County Contract, Appendix AL.

All IM agencies administering Food Stamp and Medical Assistance programs must file a Fraud Plan with the Bureau of Income Maintenance Administration (BIMA), in the Department of Health and Family Services (DHFS), Division of Health Care Financing (DHCF). The fraud plan is required by State and Federal regulations and policies, by state/county contractual requirements, and for federal matching reimbursement of administrative costs for the public assistance programs.

NOTE: County agencies that have the administrative responsibilities for both Program Integrity and Fraud Investigation Services need to complete only one Public Assistance Fraud Plan.

This document provides a model for the required 2004 fraud plan. Included in the model are policies, instructions, and attachments containing relevant materials from manuals and policy memos, which provide direction and guidelines for the administration of a county public assistance fraud program.

Agencies using this model for their Fraud Plan are required to complete:

1. The Program Component Staffing Level Worksheet on page #9.
2. The Administrative Cost Sheet on page #13.
3. The signature page on page #15.
4. All relevant attachments from the list on page #7.

Agencies with a more detailed or complex plan for which this model is inappropriate, or that subcontract any of the program activities, must ensure that the fraud program requirements are included in their revised plan and any service provider contracts as appropriate.

Agencies contracting with DWD and DHFS are responsible for administration of their portion of the fraud program activities and require the parties with whom they subcontract to adhere to all state and federal statutes, regulations, policies, and rules.

Agencies must have their completed calendar year 2004 fraud plan submitted by April 15, 2004. Submit plans to:

Wisconsin Department of Health and Family Services
Bureau of Income Maintenance Administration
P.O Box 309
Madison, WI 53701-0309

Questions and issues regarding the fraud plan and budget should be directed to:

Charles Billings, Contract Administrator
Telephone: (608) 266-9246
FAX: (608) 266-7054
E-mail: billict@dhfs.state.wi.us

I. ADMINISTRATIVE REQUIREMENTS AND RESPONSIBILITIES

A. Program Integrity

1. Fraud Prevention Services –Front-End Verification (FEV) Reference IM Manual Chapter I, Part E.
 - a. Comply with the requirements and guidelines for the operation of a prevention program contained in IMM, Chapter I, Part E.
 - 1) Develop a written policy and referral process to be used to administer the Prevention program. Ref. IMM, Chapter I, Part E, Section 2.0.0.
 - 2) Develop a written procedure for determining which cases will be selected for referral to the prevention program service provider. Ref. IMM, Chapter I, Part E, Section 3.0.0.
 - 3) Validate the selection criteria for the prevention program periodically to ensure the selection criterion is error-prone. Ref. IMM, Chapter I, Part E, Section 4.0.0.
 - b. Complete CARES screens BVIR, BVIT, BVPI, and BVCC on all cases referred to the prevention program.
 - c. Ensure that contracted prevention program service providers meet the Wisconsin Department of Regulation and Licensing requirements for private detectives.
 - d. Use the fraud prevention standard expectation of a 30 percent targeted success rate for program planning.
 - e. Complete all prevention activities within the recommended timeframe as recommended. Ref. IMM, Chapter I, Part E, Section 6.0.0.
2. Fraud Administrative Functions Reference IM Manual, Chapter II, Part D
 - a. Pursue appropriate administrative actions on all cases referred for prevention or investigation.
 - b. Pursue appropriate Program Integrity actions on all cases referred to the fraud program to obtain a full repayment of the overpayment.
 - c. Complete CARES screens BVIR, BVIT, BVPI and BVCC on all cases referred to the fraud program, reporting the case disposition activities and claims amounts.
 - d. Implement the FS program disqualification penalties provided by Section 6(b) of the Food Stamp Act of 1977 by agency

administrative imposition of the penalties and through the recommendation to the District Attorney for court imposition of the penalty.

- e. Provide to service providers the appropriate information as stated in DWD/DHFS manuals and communication releases needed for prevention and investigation activities, prosecution activities by a District Attorney's Office, and the collection of fraudulently obtained overpayments in the FS and MA programs.
- f. Refer cases of suspected Public Assistance fraud to the appropriate service provider responsible for the prevention, investigation, prosecution, and collection of overpayments activities.
- g. Develop an understanding or written agreement with the local District Attorney's Office identifying the conditions and criteria under which a referral for prosecution shall be made, including documentation and format requirements.
- h. Provide testimony in court, administrative hearings, and such other situations as necessary for the prosecution of allegations of Public Assistance fraud.

B. Fraud Investigation Services Agreement

[This section applies only to DHS/DSS and other county agencies selected by County DHS/DSS's to administer the investigative services contract component of the Chapter 49 Public Assistance fraud program]

- 1. Develop written agreements with other agencies as necessary for services to be provided to conduct the Fraud Investigation program.
- 2. Conduct investigations of all allegations of Public Assistance fraud referred by the W-2 and DSS/DHS agencies under the Fraud Investigation contract.
- 3. Develop a work plan for all case investigations as described in IMM, Chapter II, Part D, and producing documentation according to the guidelines of the District Attorney's office for use in case prosecutions.
- 4. Provide the W-2 or DSS/DHS agencies with a written report on all cases referred from each agency, citing the investigative activities, documentation, findings, actual administrative costs, and the recommendation for investigative disposition.
- 5. Provide testimony in court, administrative hearings, and such other situations as necessary for the prosecution of allegations of Public Assistance fraud.
- 6. Maintain and provide to the BIMA, W-2, and DSS/DHS agencies, such records as are necessary to meet state and federal reporting requirements.

7. Cooperate with the agencies responsible for the investigation referrals, prosecution of Public Assistance fraud, and the collections of any overpayments. Maintain investigative records appropriate to meet the needs of those agencies to successfully complete the disposition of investigated cases.
8. Collect and provide to DHFS, information necessary to develop, test, and implement additional fraud control activities.
9. Comply with all policies, procedures and guidelines incorporated in the Fraud Plan through the IM/W-2/Fraud Investigation contracts and Income Maintenance Manual (IMM) Chapter II, Part D. Where the agency subcontracts any portion of the fraud program to another agency, it retains responsibility for assuring that all subcontractors are aware of and complies with the Plan's requirements. DHFS may develop manual materials pertaining to the Wisconsin Chapter 49 Fraud Elimination Program. Such manual material replaces and supersedes the contents of the model Fraud Plan.

C. Required Attachments

As part of the fraud plan requirements, each agency needs to submit as attachments all of the following items that apply:

1. The position descriptions for all agency/office staff whose duties include public assistance fraud activities. (See Attachment A for an example of a position description.)
2. A copy of the agency's fraud Program Integrity program description, including copies of forms, standard letters and notices, and a brief program description.
3. A copy of the agency's fraud prevention program description, including referral forms, referral criteria (error-prone profile), and program policy/procedure documents. If this material is included in the agency's fraud Program Integrity program description, disregard this item.
4. A copy of the agency's Fraud Investigation program's description, including its final report form, documentation criteria, and program policy/procedure documents.
5. An organizational chart showing the agency's fraud staff and contracted service providers, including the Public Assistance fraud full time equivalent (FTE) figures for all staff performing Public Assistance fraud activities. (See Attachment C for model of organization chart.)

6. A list of all agency fraud staff needing access to the Fraud Tracking Screens (FITS) in CARES. Suggest including this item with #5.
7. A copy of all contracts the agency has with fraud program service providers.
8. A copy of the Prosecution's Referral Agreement or a statement as to why there is no written Prosecution Agreement.

II. PROGRAM COMPONENT STAFFING

The program component staffing identifies agency personnel responsible for the supervision of each program component administered by the agency.

A. Supervision of Program Component

The plan needs to identify the name and job title of the agency personnel responsible for supervising each program component. Complete the program component staffing level worksheet on page #9.

B. Identification of Program Staff FTE

The plan also needs to identify the number of agency FTE participating in each component of the fraud program. Complete page #9. All IM agencies need to complete Part A and Part C. Only Fraud Investigation contract service providers need to complete Part B.

C. Completing the Program Component Staffing Level Worksheet

INSTRUCTIONS FOR COMPLETING THE PROGRAM COMPONENT STAFFING LEVEL WORKSHEET.

Note: Fraud Prevention Services, also known as Front-End Verification (FEV), are Program Integrity activities directly associated with the enhanced verification of cases. Such cases are referred to the Prevention Program based on meeting the referral criteria of the agency's error-prone profile. The costs associated with these activities are separate from other Program Integrity costs in accordance with federal guidelines and will need to be reported separately from other Program Integrity costs on CARS.

All IM agencies administering IM programs are to complete Part A. Identify the name and position of the individual who has supervisory responsibility for the functions. Full Time Equivalence (FTE) is a percentage calculation of staff time. For example, a full time staff assigned to work Public Assistance Program Integrity activities 10 percent of his time (approximately 200 hours during a year), has a ".10 FTE" calculation. These FTE totals should be based on the individual position FTE figures identified in the agency's fraud program organizational chart. Determine the FTE count for both Fraud Prevention and Fraud Administrative Functions and enter the total count in each designated area.

Contact fraud program Contract Administrator, Charles Billings, at (608) 266-9246 for technical assistance with completing this document if needed.

PROGRAM COMPONENT STAFFING LEVEL WORKSHEET

Agency Name: _____

Mailing Address: _____

City/Zip: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

PROGRAM ADMINISTRATION:

PART A PROGRAM INTEGRITY ADMINISTRATION

a) Description of Service:	Fraud Administrative Functions
b) Supervisor:	Name: _____ Job Title: _____
c) Full Time Equivalence (FTE) of Program Integrity staff.	_____ FTE count
a) Description of Service:	Fraud Prevention Services(FEV)
b) Supervisor:	Name: _____ Job Title: _____
c) Full Time Equivalence (FTE) of Investigation staff.	_____ FTE count

PART B FRAUD INVESTIGATION ADMINISTRATION

a) Description of Service:	Investigation Services
b) Supervisor:	Name: _____ Job Title: _____
c) Full Time Equivalence (FTE) of Investigation staff.	_____ FTE count

PART C TOTAL

Total Full Time Equivalence (FTE) of fraud program staff. Part A + Part B	_____ FTE count
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III. ADMINISTRATIVE COSTS

The administrative cost section identifies the funding amounts an agency is budgeting for Public Assistance fraud purposes. Each IM agency allocation for Program Integrity is identified on the allocation chart identified as Attachment E, column G. The allocation consists of fixed state funds and federal matching funds to the state money. The allocation needs to be split between Fraud Prevention and Fraud Administrative functions. IM agencies determine the split and enter budget amounts on the Administrative Cost Sheet on page #13.

The administrative costs for Program Integrity will be reimbursed at 100 percent up to the allocation amounts on Attachment E, column G. IM agencies can obtain additional federal matching funds at 50 percent for Food Stamps and Medical Assistance when additional local costs beyond the state allocated amounts are incurred.

Attachment E, column H lists the projected funds available for the Fraud Investigation portion only, which is a pay-for-performance contract. The administrative costs for Fraud Investigation will be reimbursed at 100 percent up to a maximum of \$500 per case. The total available funding for Fraud Investigation is the allocation amounts on Attachment E, column H. IM agencies can obtain additional federal matching funds at 50 percent for Food Stamps and Medical Assistance when additional local costs beyond the state allocated amounts are incurred.

Attachment E, column H.1 indicates the agencies' service provider for the Fraud Investigation contract in each geographic area.

All IM agencies need to complete part A of the Administrative Cost Sheet on page #12. Only IM agencies selected as service providers need to complete part B of the Administrative Cost Sheet.

All state funding will be limited to the maximums on Attachment E and are subject to change based on the availability of funding.

The administrative costs associated with Part B are based on the investigation service pay-for-performance contract subject to the terms and conditions of the fraud services contract agreement. County agencies' costs beyond the state's funding limit will be federally reimbursed at the 50 percent rate for eligible FS and MA. The State/County Contract details the reimbursement of expenses beyond the State fraud investigation service agreement. TANF fraud administrative costs are not eligible for federal match funding.

A. Reimbursement for IM Program Integrity Administration

1. Fraud Prevention (FEV) Program

The administrative costs of the county IM agencies' Public Assistance Fraud Prevention must be reported on the CARS system. Agencies need to report these expenses on CARS profile line 749.

2. Program Integrity Administration

Program Integrity Administration costs that include pre-investigation, as well as post-investigation activities, including fraud overpayment collections, must be reported on CARS profile line 748.

3. AMSO Costs

The indirect administrative costs of the county IM agencies' Public Assistance Fraud Program must be reported on the CARS system. Agencies need to report on CARS profile line 747.

B. Reimbursement for Fraud Investigation Services

The administrative costs for investigation agencies will be reimbursed at the rate of 100 percent for allowable costs up to the limitations established in each agency's Fraud Investigation contract. One hundred percent reimbursement is available for the actual cost up to a maximum of \$500 per referral. All state funding will be subject to a projected contract maximum set for each geographic area.

Administrative costs for Fraud Investigation Services must be reported to the State through CARES. Costs need to be entered into the CARES system through the Fraud Investigation Tracking Sub-system (FITS). The agency making the referral and approving the case as completed enters the cost into CARES, screen BVIT.

Additional costs beyond the state's contracted maximum will be passed through for federal reimbursement at the 50 percent rate for FS and MA, with the additional match costs covered by local agency funding.

C. Completing the Fraud Administrative Cost Sheet

Instructions for completing the Fraud Administrative Cost Sheet:

1. The "Income Maintenance (IM) Programs" section, Part A, should be completed only by agencies that are administering the IM programs.
2. Fraud Prevention (FEV) Budget is the amount of administrative funding budgeted to cover the administrative costs of performing prevention activities.
3. Any subcontract between the agency and a service provider to perform prevention services should be included in the prevention budget lines.
4. "Program Integrity Administration Budget" is the total amount of administrative funding budgeted to cover all administrative costs associated with any Program Integrity activities, except those budgeted for performing prevention activities and Fraud Investigation services.
5. The state and federal match to state allocation amounts for Program Integrity are listed in Attachment E. Fraud Investigation contract

projected funds are listed in Attachment E, column H and are earned by claiming the actual cost of each investigation, up to \$500 per investigation.

6. "Local Allocation" is the amount of local agency expected funding to be spent in CY 2004 by the agency in excess of the state and federal allocation and/or contract projected amounts for Fraud Investigations.
7. "Federal Match to Local Allocation" is the additional federal funding that may be earned through the local agencies' expenditure. This federal funding match is available at a 50 percent rate only for the Food Stamp and Medical Assistance expense portion of each investigation's cost over \$500. This federal match is not available for W-2 or ChildCare programs.
8. The sum of these three sources of funding should equal the planned expenditures for implementing the Public Assistance Fraud Program in CY 2004.
9. Part B is to be completed by IM agencies selected to administer fraud investigation services.

Fraud Administrative Cost Sheet

ADMINISTRATIVE COST SHEET		
PART A		
INCOME MAINTENANCE (IM) PROGRAM INTEGRITY		
Fraud Prevention(FEV) Program		
State and Federal Match Allocation:	\$	
Local Allocation:	\$	
Federal Match to Local Allocation:	\$	
Sub-Total for Prevention:	\$	
Program Integrity Administration		
State and Federal Match Allocation:	\$	
Local Allocation:	\$	
Federal Match to Local Allocation:	\$	
Sub-Total for Program Integrity:	\$	
Total IM Fraud Budgeted:		\$
PART B		
FRAUD INVESTIGATION SERVICE		
State and Federal Contract Projection:	\$	
Local Allocation:	\$	
Federal Match to Local Allocation:	\$	
Total Fraud Investigation Budgeted:		\$
	TOTAL FRAUD BUDGET:	\$

IV. SUB-CONTRACTING FOR FRAUD SERVICES

Where the county DSS/DHS contracts out for any of the fraud program activities, a separate written agreement must be made with the service provider. The written agreement must include the appropriate program requirements cited in Section I of the model plan, budget information cited in Sections II and III, organizational charts with staffing FTE counts, and the use of contractual language similar to that cited in A - D. As the primary contractor, the county DSS/DHS is responsible for the performance of its subcontractors, including the meeting of the fraud program standards.

A. Contracting for Fraud Investigation Services Model

This model is designed for use when the agency elects to sub-contract Fraud Investigation Services outside the local agency. It includes the obligations of the local agency and the contractor.

B. Contracting for Prevention Services Model

This model is designed for use when the agency elects to sub-contract to provide prevention/front end verification services outside the local agency. It includes the obligations of the local agency and the contractor as defined in the Income Maintenance Manual, Chapter 1, Part E.

C. Contracting with the Sheriff Model

This model is designed for use when the agency elects to sub-contract Fraud Investigation Services with the Sheriff. It includes the obligations of the local agency and the Sheriff.

D. Memorandum of Understanding Model for Prosecution

This model is designed for use when the agency and the local County District Attorney agree on the conditions under which a referral for prosecution for violations of public assistance programs in Wis. Stats. Chapter 49 shall be made as required in IM Manual Chapter II, Part D.

To obtain a paper or electronic copy of the model agreement(s), contact:

Rick Zynda
Department of Health and Family Services

Telephone: 608-266-9812
Fax: 608-267-2269
Email: zyndarl@dhfs.state.wi.us

V. SIGNATURES

The Agency Director or designee is required to sign the Fraud Plan and provide the following information listing the Fraud Unit Manager/Supervisor and contractor(s).

Agency Name

Director Name

Mailing Address

City/Zip

Telephone: _____ Fax: _____

_____ Directors Signature

Program Integrity/Fraud Unit Manager/Supervisor:

Agency Name

Fraud Unit
Manager/Supervisor

Mailing Address

City/Zip

Telephone: _____ Fax: _____

If agency is using a contractor, indicate the type of service (Prevention, Investigation, name and address. (If your agency does not use a contractor, enter "Not applicable".)

Service Contractor Provider: _____

Contractor

Director/Owner

Mailing Address

City/Zip

Telephone: _____ Fax: _____

ATTACHMENT A

FRAUD FUNDED MODEL POSITION DESCRIPTION

Job Summary:

Under the direct supervision of the ESS Supervisor, this position shall function as the agency's Front-End Verification (FEV) Specialist and as its Public Assistance Investigator. In addition, it shall be responsible for other error reduction activities.

Position Responsibilities

40% A. Front-End Verification Specialist

1. Maintain a log of all FEV referrals made by ES staff.
2. Determine if the referral meets the agency's error-prone profile.
3. Identify what error-prone elements are involved in the referral and determine what verification action is needed.
4. Conduct the FEV investigation within the agency's specified time frame.
5. Document all investigation findings.
6. Report investigation findings to the ESS/ES Supervisor.
7. Testify at court/administrative hearings regarding the investigation and its findings.
8. Complete all records required for local, state and federal record keeping and reporting requirements.

40% B. Public Assistance Investigator

1. Maintain a log of all fraud referrals made by IM staff and other referral sources.
2. Conduct preliminary case review to determine nature and type of potential fraud.
3. Return cases which don't pass the review to the ESS Supervisor for reconsideration.
4. Open an investigative file on cases which pass the preliminary review and draw up an investigation plan.
5. Conduct investigation.
6. Document all investigation findings.
7. Report findings to the ESS Supervisor and recommend further action to be taken.
8. Set up prosecution files for cases being referred to the District Attorney (DA).
9. Testify at court/administrative hearings regarding the investigation and its findings.
10. Complete all records required for local, state and federal record keeping and reporting requirements.

20% C. Error Reduction Programs

1. Perform targeted case reviews.
2. Monitor case directory "tickler system."
3. Monitor IEVS completion and resolution.
4. Perform random case reviews.

Note: The above model PD is for a position doing 80 percent fraud funded activities and 20 percent IM administration activities

ATTACHMENT B

CONTRACTED INVESTIGATION SERVICES

References:

WI Stat. 440.26

Administrative Code Chapter RL 30, 31, 32, 33, 34 and 35

Commercial agencies which contract with counties to provide investigative services for either FEV or for Public Assistance Fraud Investigations are subject to the Wisconsin Statute and Administrative Code requirements for private detectives. These requirements do not apply to off-duty law enforcement officers or public officers performing official duties, including law enforcement officers. Private individuals, including former law enforcement officers, must meet these requirements. See DES Administrator's Memo 90-39.

Counties deciding to contract with private agencies or individuals for investigative services need to obtain a copy of WI Statute 440.26 and Administrative Code Chapter RL 30, and require that the individual meet the private detective requirements for licensure, training and liability.

ATTACHMENT C

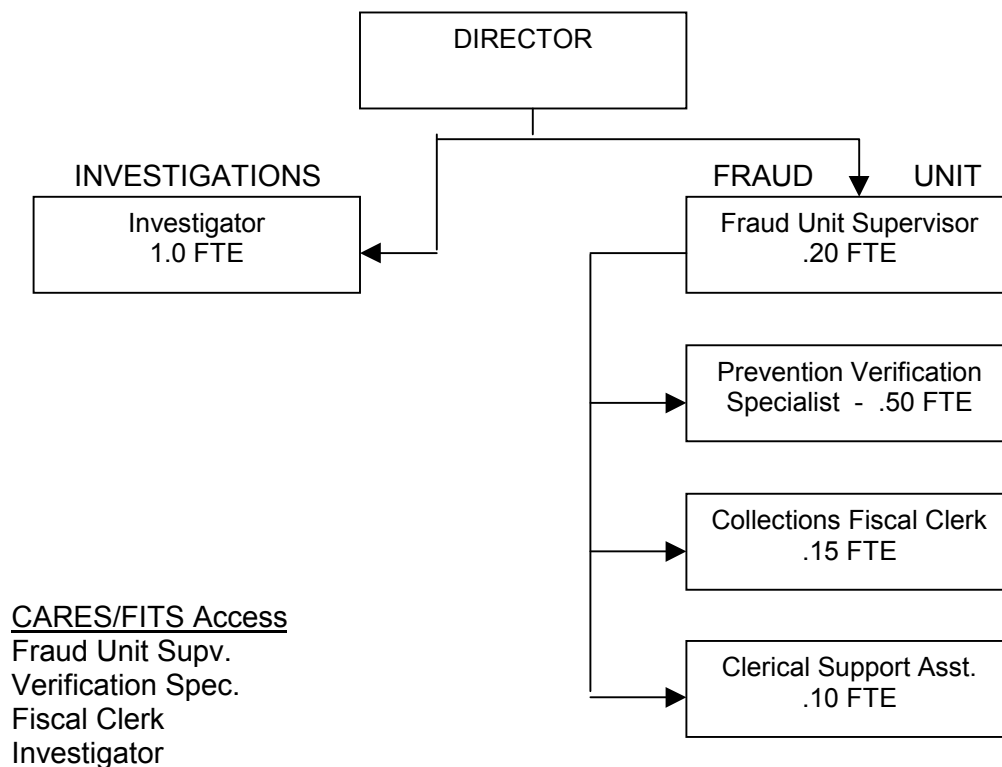
MODEL ORGANIZATIONAL STRUCTURE

A model fraud program "organizational chart" including the following information:

1. Reporting relationships;
2. Program areas;
3. Position titles;
4. FTE; and
5. Incumbent's name.

The agency must list all persons authorized to access the CARES/FITS screens.

Agency Fraud Program Organization



ATTACHMENT D

FRAUD INVESTIGATION STANDARDS

Investigation Documentation

The following are the minimum required investigation documentation standards of the investigation agency:

1. The investigation service provider must provide the referral agency with a written investigation report for every completed investigation.
2. The investigation report must document information in a logical sequence that incorporates **Who, What, When, Where, Why**, and **How** in the body and substance of the investigative findings.
3. The investigation report must address the specific allegation findings requested in the referral from the requesting agency.
4. Every investigation report must contain the following information:
 - a. Identification of the Client/Contact person and verification of identity provided, e.g., photo ID, drivers license).
 - b. Relationship of the contact person to the client.
 - c. Written interview(s) with the contact person obtaining all relevant information and documentation.
 - d. Summary of the Investigator's findings.
5. All completed investigations must contain a summary conclusion having a recommendation to the referral agency to do one of the following;
 - a. Proceed with a case for administrative disposition.
 - b. Proceed with a case that meets the criteria for prosecution established by the local District Attorney's office and recommend the prosecutorial process be initiated, but may be subject to administrative sanction, recoupment or repayment.
 - c. Return the case to the referring agency with the determination that the fraud allegation was not substantiated.
6. When requested by the referring agency, the investigation report must address the minimum criteria specified by the District Attorney's guidelines for fraud referrals for prosecution.

1.6 Timeliness of Investigations

Contractors must perform a satisfactory investigation as defined in Section 1.5 based on the case referral within the established time frame noted below in this section.

1. The time period from the date of the fraud referral by the W-2 agency to the date the fraud investigator's final report is delivered to the W-2 agency must be 90 calendar days or less.
2. Investigations that exceed this 90 calendar day time frame will be out of compliance unless additional time is requested and approved. For such cases the investigating service provider will request in writing from the referring agency an extension stating the reason for the delay. The request will be reviewed and returned to the investigating agency indicating approval or denial. Requests must be submitted in writing for approval by the 80th calendar day to the referring agency.

1.7 Satisfactory Investigations

A satisfactory completed investigation is determined by, but not limited to, the following factors:

1. Quality of the investigation report and findings addressing the issues of the fraud referral allegations.
2. Documentation of all essential elements of the investigation.
3. Factual and accurately reported data.
4. Timeliness (completion in 90 calendar days or within the agreed extended time frame.)

If it is determined by the referral agency that any of these factors are lacking, the report may be ruled unsatisfactory and referred back to the provider for corrective action.

Provider may exercise the option to bring any unresolved matter concerning reports or any issue related to performance to the attention of the DHFS for resolution.

ATTACHMENT E

Column G. – Public Assistance (PA) Fraud – Program Integrity – CY/PY 2004.

Column H. – Public Assistance Fraud – Investigation – CY/PY 2004.

Column H.1 – PA Fraud Investigation Service Providers – CY/PY 2004.

Note: * denotes agencies that will use Interstate Reporting Co., the state contracted agency for investigation

	G.	H.	H.1
County	CY/PY 2004 PA Fraud Program Integrity Allocation (Minimum Funding = \$2,000)	CY/PY 2004 PA Fraud Investigation Contract Budgeted Funds (Minimum Funding = \$2,000)	Fraud Investigation Service Provider
Adams	7,000	2,000	Adams County
Ashland	7,000	2,000	Ashland County
Barron	10,500	15,000	Barron County
Bayfield	5,000	2,000	*IRC
Brown	31,000	142,000	Brown County
Buffalo	2,000	2,000	*IRC
Burnett	3,000	2,000	*IRC
Calumet	3,000	2,000	*IRC
Chippewa	14,000	10,000	Chippewa County
Clark	7,500	3,000	Clark County
Columbia	9,500	6,500	Columbia County
Crawford	5,000	4,000	Crawford County
Dane	43,500	20,000	Dane County
Dodge	2,000	8,000	Dodge County
Door	2,000	2,000	*IRC
Douglas	20,000	25,000	Douglas County
Dunn	2,000	12,000	Dunn County
Eau Claire	21,000	48,000	Eau Claire County
Florence	2,000	2,000	Florence County
Fond du Lac	13,200	48,000	Fond du Lac County
Forest	2,000	2,000	*IRC
Grant	2,000	2,000	*IRC
Green	2,000	2,000	Green County
Green Lake	3,500	5,000	Green Lake County
Iowa	2,000	4,000	Iowa County
Iron	2,000	2,000	Iron County
Jackson	2,000	4,000	Jackson County
Jefferson	8,660	2,000	*IRC

	G.	H.	H.1
County	CY/PY 2004 PA Fraud Program Integrity Allocation (Minimum Funding = \$2,000)	CY/PY 2004 PA Fraud Investigation Contract Budgeted Funds (Minimum Funding = \$2,000)	Fraud Investigation Service Provider
Juneau	2,000	3,000	*IRC
Kenosha	25,570	100,000	Kenosha County
Kewaunee	5,000	3,000	*IRC
La Crosse	17,680	20,000	La Crosse County
Lafayette	6,000	2,000	Lafayette County
Langlade	2,000	2,000	*IRC
Lincoln	3,000	2,000	Lincoln County
Manitowoc	11,400	5,000	*IRC
Marathon	17,100	40,000	Marathon County
Marinette	18,000	50,000	Marinette County
Marquette	2,000	3,000	*IRC
Menominee	7,000	2,000	*IRC
Milwaukee	335,150	100,000	*IRC
Monroe	12,000	8,000	Monroe County
Oconto	3,000	22,500	Oconto County
Oneida	5,000	10,000	Oneida County
Outagamie	12,000	60,000	Outagamie County
Ozaukee	6,000	2,000	*IRC
Pepin	2,000	2,000	*IRC
Pierce	5,000	2,000	Pierce County
Polk	9,000	8,000	Polk County
Portage	14,000	36,000	Portage County
Price	3,500	2,000	Price County
Racine	54,000	100,000	Racine County
Richland	9,000	3,000	Richland County
Rock	25,500	35,000	Rock County
Rusk	3,000	2,000	Rusk County
St. Croix	7,000	15,000	St. Croix County
Sauk	15,000	2,000	*IRC
Sawyer	7,000	14,000	Sawyer County
Shawano	6,100	12,000	Shawano County
Sheboygan	13,500	25,000	Sheboygan County
Taylor	2,000	2,000	Taylor County
Trempealeau	5,000	2,000	*IRC
Vernon	2,000	2,000	*IRC
Vilas	2,000	2,000	Vilas County
Walworth	12,000	15,000	Walworth County
Washburn	6,000	6,000	Washburn County

	G.	H.	H.1
County	CY/PY 2004 PA Fraud Program Integrity Allocation (Minimum Funding = \$2,000)	CY/PY 2004 PA Fraud Investigation Contract Budgeted Funds (Minimum Funding = \$2,000)	Fraud Investigation Service Provider
Washington	9,500	2,000	*IRC
Waukesha	26,000	132,500	Waukesha County
Waupaca	18,000	3,000	*IRC
Waushara	7,000	3,000	Waushara County
Winnebago	28,000	4,000	Winnebago County
Wood	14,500	4,000	Wood County
County Total	\$1,029,860	\$1,250,000	

Tribe			
Bad River	5,000	9,000	IRC
Lac du Flambeau	5,000	2,000	IRC
Oneida	5,000	5,500	Oneida
Potowatomi	5,000	2,000	Potowatomi
Red Cliff	5,000	3,000	Red Cliff
Sokaogon	5,000	2,000	IRC
Stockbridge- Munsee	5,000	2,000	IRC
Tribe Total	\$35,000	\$25,500	
Statewide Total	\$1,064,860	\$1,275,500	